

Exec #29  
Knight, Sharon

## EXECUTIVE LOBBYING EXPENDITURE REPORTING DESIGNATION

Pursuant to LSA-R.S. 49:26G(2)(a), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of all of its lobbyists. The designation form is to be completed and submitted by **January 31<sup>st</sup>** of each year. This designation will be effective for the reporting of all expenditures made during that calendar year. This form must include a listing of all persons for whom you will be reporting. Also, please list a contact person who will be responsible for completing such reports and for receiving any correspondence regarding reporting deadlines and late fees. Failure to fully complete this form may render your designation ineffective.

Hand deliver or mail to: 2415 Quail Drive, 3<sup>rd</sup> Floor, Baton Rouge, LA 70808

OR

Fax to: (225) 763-8787 or (225) 763-8780

1. EMPLOYER/PRINCIPAL Louisiana State Medical Society

2. BUSINESS ADDRESS 6467 Perkins Rd. Ste 100, Baton Rouge, LA 70808  
Street and No. City State Zip

MAILING ADDRESS same as above  
Street and No. City State Zip

3. CONTACT PERSON: DuCote Mary M  
Last First MI

4. MAILING ADDRESS  
(If different from above) Street and No. City State Zip

5. PHONE NUMBER 225. 763. 8500  
Area Code and Phone Number

6. FAX NUMBER 225. 763. 9881  
Area Code and Fax Number

7. Names of Lobbyists who are employed by or who represent the interests of the Principal listed above:

1) Name: Knight Sharon J. EXEC.ID.# 29  
Last First MI

2) Name: Cooley Kerry L. EXEC.ID.# 28  
Last First MI

3) Name: \_\_\_\_\_ EXEC.ID.# \_\_\_\_\_  
Last First MI

FOR OFFICE USE ONLY

Postmark Date: 12/24/06

07 DSG

3061503

2006 DEC 27

PM 12:08

FINANCIAL REGISTRATION  
CAMPAIGN FINANCE  
RECEIVED

# EXECUTIVE LOBBYING EXPENDITURE REPORTING DESIGNATION

4) Name:	_____	_____	_____	EXEC.ID.# _____
	Last	First	MI	
5) Name:	_____	_____	_____	EXEC.ID.# _____
	Last	First	MI	
6) Name:	_____	_____	_____	EXEC.ID.# _____
	Last	First	MI	
7) Name:	_____	_____	_____	EXEC.ID.# _____
	Last	First	MI	
8) Name:	_____	_____	_____	EXEC.ID.# _____
	Last	First	MI	
9) Name:	_____	_____	_____	EXEC.ID.# _____
	Last	First	MI	
10) Name:	_____	_____	_____	EXEC.ID.# _____
	Last	First	MI	

Pursuant to LSA-R.S. 49:76G(2)(a), Louisiana State Medical Society  
Name of Employer or Principal  
is exercising the option of filing expenditure reports for all executive lobbying expenditures  
made on my/its behalf by persons representing my/its interests during the year of 2007

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

*Mary A. Cate*  
Signature of Employer/Principal or Representative

Mary DuCote  
Print or Type Full Name